

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44056

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** INDIAN LAKES SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13402 BELLINGHAM DR.  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 272601  
TAMPA, FL 336882601

**New Mailing Address:**

**FEI Number:** 62-1481957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANCE, MERILEE  
13402 BELLINGHAM DR.  
TAMPA, FL 33625 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: O'BRIEN, ROBERT M  
Address: 13421 BELLINGHAM DR.  
City-St-Zip: TAMPA, FL 33625

Title: DTDS ( ) Delete  
Name: FRANCE, MERILEE  
Address: 13402 BELLINGHAM DR.  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERILEE FRANCE

DTDS

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date